

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-G		5/14
O.I.P.E. CLASSIFIER		17	5/31/01
FORMALITY REVIEW	M.L	1074	07/07/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral).... Canceled A Appeal
 +/- Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	5/14/01
2	✓	✓	5/14/01
3	✓	✓	5/14/01
4	✓	✓	5/14/01
5	✓	✓	5/14/01
6	✓	✓	5/14/01
7	✓	✓	5/14/01
8	✓	✓	5/14/01
9	✓	✓	5/14/01
10	✓	✓	5/14/01
11	✓	✓	5/14/01
12	✓	✓	5/14/01
13	✓	✓	5/14/01
14	✓	✓	5/14/01
15	✓	✓	5/14/01
16	✓	✓	5/14/01
17	✓	✓	5/14/01
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31	✓	✓	5/14/01
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43	✓	✓	5/14/01
44	✓	✓	5/14/01
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46	✓	✓	5/14/01
47	✓	✓	5/14/01
48	✓	✓	5/14/01
49	✓	✓	5/14/01
50	✓	✓	5/14/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions
 staple additional sheet here

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5/19